



**TENNESSEE DEPARTMENT OF AGRICULTURE
DIVISION OF FORESTRY
P.O. BOX 40627
NASHVILLE, TN 37204
(615) 837-5537
(615) 837-5129 (FAX)**

May 1, 2004

Dear Fire Department Representative,

The Division of Forestry is now accepting grant applications for the **2004 Volunteer Fire Assistance (VFA) Program**. Volunteer Fire Departments serving communities with populations of 10,000 or less are eligible. These matching grant funds may be used to purchase equipment and supplies having a unit cost up to \$5000. The maximum cost share amount per department is \$2500.

Applications will be accepted from **May 1 through July 31, 2004**.

Requests for funding will **not** be considered for the following:

- Repair or construction of buildings.
- Land acquisition, water lines or hydrants.
- Emergency medical equipment.
- Any equipment not fire related.
- Applications for equipment exceeding a unit cost of \$5000.

In addition, purchases made before **October 1, 2003** will not be eligible for reimbursement.

Please complete the Application for Assistance, Substitute W-9, and Authorization Agreement for Automatic Deposits forms and return to your district representative (see application) by **July 31, 2004**. Please make sure that the address shown on the application is the one that you wish all grant correspondence to be sent to.

If you have questions on the VFA Program, please feel free to contact me.

Sincerely,

Robin Bible
Staff Forester – Fire Management

TENNESSEE DEPARTMENT OF AGRICULTURE
FORESTRY DIVISION

2004 VOLUNTEER FIRE ASSISTANCE (VFA) PROGRAM GUIDELINES

1. The Grantee shall submit with their application a list of proposed expenditures including unit prices. Purchases must be made from this list and requests for changes shall be in writing to the Division of Forestry. This list will be Attachment A as stated in Section A2. SCOPE OF SERVICES of the contract. **Purchases made before October 1, 2003 shall not be eligible for reimbursement.**
2. A Federal Tax Identification Number **WILL** be required before a grant contract is completed. A Social Security Number will not be accepted as a substitute.
3. All applicants (fire departments) will be required to submit with their application a Substitute W-9 Form verifying the accuracy of their Federal Tax Identification Number.
4. The Grantee shall complete and sign an "Authorization Agreement for Automatic Deposits (ACH Credits) Form". All reimbursement payments will be made by direct deposit to the Grantee's bank.
5. All contracts must be signed and returned to the Division of Forestry by **September 30, 2004.**
6. This is a 50-50 Federal matching grant program. No contract shall be issued for less than \$500 or more than \$2,500.
7. Reimbursement will be made after the Grantee has provided sufficient proof of purchase in the form of copies of paid invoices and cancelled checks for twice the amount of the grant. A certified paid invoice will be accepted when payment has been made by cash.
8. Request for reimbursement and proof of purchase must be made to the Division of Forestry no later than **December 31, 2004.**
9. Requests for funding will not be considered for the following:
 - Repair or construction of buildings.
 - Land acquisition.
 - Pressurized water lines and hydrants (dry hydrants are OK).
 - Emergency medical equipment.
 - Any equipment not fire related.
10. Applications for large expensive fire trucks or equipment with a unit cost of \$5,000 and over will not be considered for reimbursement.
11. The Grantee will maintain a permanent file containing all information and correspondence relating to the grant.
12. All Grantees will be also be required to have a signed Memorandum of Understanding and report their wildland fire response activity annually to the Division of Forestry.



**2004 VOLUNTEER FIRE ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE**

DEPARTMENT: _____ **DATE:** _____

CONTACT: _____

ADDRESS: _____ **CITY:** _____

ZIP CODE: _____ **COUNTY:** _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____

PHONE: _____ **FAX:** _____

APPLICATION FOR FIRE EQUIPMENT/SUPPLIES: List the tools, equipment and materials, along with the cost of the items your fire department intends to purchase with the Grant. Any change from the items listed below must be approved in writing by the Division of Forestry prior to purchase.

<u>Equipment/Supplies</u>	<u>Estimated Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use additional sheet if needed)

Total: _____

PROJECT NARRATIVE: Give a brief explanation of the intended use of the above listed equipment/supplies and how it will benefit your fire department and community.

Equipment your department owns:	Number		Number
Pumpers (750 gpm +)	_____	Rescue Vehicles	_____
Small Pumpers (250 - 500 gpm)	_____	Jaws of Life	_____
SCBA's	_____	Brush Trucks	_____
Extra SCBA Bottles	_____	Tanker Trucks	_____
Class 9 Pumpers (50 GPM & 330 gal.)	_____	Wildland PPE	_____

1. What is the total area (in square miles) protected by your fire department? _____
2. Geographic location (latitude/longitude) of your main fire department: _____
3. Does your fire department have a written plan of action or standard operating procedure? (Yes / No)
If yes, attach copy.
4. Provide the name of your fire department training officer: _____
 - (a) Total training hours recorded for your firefighters during the past 12 months, either in house or State certified? _____ Number of firefighters _____
 - (b) How many of your firefighters have completed the following training?

Hazardous Materials	_____	Wildland Fire Fighting	_____
Communicable Disease	_____	Emergency Vehicle Operation	_____
Incident Command	_____	Firefighter 1 or Essentials	_____
5. Are the proposed expenditures made with this grant essential for the fire department to reach ISO Protection Class 9? _____
6. What is your Department's TFIRS reporting number? _____
How many fire runs did your fire department report to the State Fire Marshal in the previous calendar year? _____
7. How much money was expended to operate your fire department during the last fiscal year? \$ _____
How much of that money came from the following sources?

Municipal government	\$ _____	Memberships & fees	\$ _____
Property taxes/assessments	\$ _____	Donations & fund raisers	\$ _____
8. Do you have written mutual aid agreements with other fire departments? _____
9. Are your firefighters covered by Workers Compensation Insurance? _____
10. Do you have liability insurance coverage on all fire department vehicles? _____
11. How many items of NFPA/OSHA approved protective clothing does your fire department have?

Turnout (bunker) Coats	_____	Turnout (bunker) Pants	_____
Helmets with eye protection	_____	Hoods	_____
Pairs of boots:	_____	Pairs of gloves	_____

Signature and Title of Department Representative

Date

PLEASE SEND YOUR APPLICATION TO THE FOLLOWING DIVISION OF FORESTRY
REPRESENTATIVE IN YOUR AREA:

DISTRICT OFFICES



District One John Henderson, Fire Prevention Forester 1250 Highway 73 Newport, TN 37821 Voice: (423) 625-4092 Fax: (423) 625-4092	District Four James Dale, Fire Prevention Forester 390 South Lowe, Suite 10 Cookeville, TN 38501-4702 Voice: (931) 526-9502 Fax: (931) 526-2279
District Two Nathan Waters, Fire Prevention Forester P.O. Box 2666 Knoxville, TN 37901-2666 Voice: (865) 594-6432 Fax: (865) 594-8907	District Five James Phillips, Fire Resources Coordinator 3497 Church Street Burns, TN 37029 Voice: (615) 797-3117 Fax: (615) 797-3113
District Three Robert Rhinehart, Fire Prevention Forester P.O. Box 160 Hixson, TN 37343 Voice: (423) 634-3091 Fax: (423) 634-6083	District Six Philip Blakley, Fire Prevention Forester P.O. Box 438 Lexington, TN 38351 Voice: (731) 968-6676 Fax: (731) 968-5356



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION

ACH (AUTOMATED CLEARING HOUSE) CREDITS (Not Wire Transfers)

NAME _____

Federal Identification Number or Social Security Number _____
(under which you are doing business with the State.)

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my (our) (*select type of account*)
_____ CHECKING or _____ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY,
to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its
termination in such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

Do you currently receive payments from the State through ACH? _____ (Yes or No). If yes, do you intend for this account information
to replace other existing account information currently used by the State? _____ (Yes or No). If yes, please specify the account that
should be changed: ABA No. _____ Account No. _____.

Is this authorization only for certain types of payments? _____ (Yes or No). If yes, please indicate types:

Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: _____ Phone No. _____

DEPOSITORY/BANK NAME _____ BRANCH _____

CITY _____ STATE _____

ACH TRANSIT / ABA NO. _____ ACCOUNT NO. _____

NAME(S) _____

(Please print names of authorized account signatory)

DATE _____ SIGNED X _____ SIGNED X _____

PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED WHEN
PAYMENTS ARE PROCESSED:

Contact name: _____
Telephone no.: _____

FOR STATE USE ONLY:

Contact Agency: _____
Contact Person: _____
Telephone No.: _____

SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
 - 2) Joint account (two or more individuals)
 - 3) Custodian account of a minor
 - 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
 - 5) Sole proprietorship (using a social security number for the taxpayer ID)
 - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
 - 7) A valid trust, estate, or pension trust
 - 8) Corporation
 - 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
 - 10) Partnership
 - 11) A broker or registered nominee
 - 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
 - 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
-

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.**

____ - ____ - _____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

____ - _____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.
If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____